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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket: QUIRION1

|                                |   |                  |
|--------------------------------|---|------------------|
| In re Application of:          | ) | Conf. No.:       |
| Jean-Charles QUIRION et al.    | ) |                  |
|                                | ) |                  |
| IA No.: PCT/FR2003/002330      | ) |                  |
|                                | ) | Washington, D.C. |
| IA Filed: July 23, 2003        | ) |                  |
|                                | ) |                  |
| U.S. Appln. No.:               | ) |                  |
| Not yet assigned               | ) | January 25, 2005 |
|                                | ) |                  |
| For: NOVEL DIFLUORINATED GEM.. | ) |                  |

PRELIMINARY AMENDMENT

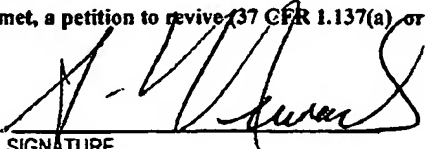
U.S. Patent and Trademark Office  
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Randolph Building, Mail Stop Amendment  
401 Dulany Street  
Alexandria, VA 22314

Sir:

Prior to examination on the merits, and prior to  
calculation of the filing fee, kindly amend as follows:

Amendments to the Claims are reflected in the listing of  
claims which begins on page 2 of this paper.

Remarks begin on page 9.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |              |                                          |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|--------------|------------------------------------------|----|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/522365</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | International Application No.<br><b>PCT/FR2003/002330</b>                     |              | Attorney's Docket No.<br><b>QUIRION1</b> |    |
| 21. The following fees are submitted:<br><br><input checked="" type="checkbox"/> a) BASIC FILING FEE.....\$300.00<br><input type="checkbox"/> b) EXAMINATION FEE.....\$200.00<br><input type="checkbox"/> c) SEARCH FEE.....\$500.00<br><br><b>TOTAL OF ABOVE CALCULATIONS :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                               |              | <b>CALCULATIONS PTO USE ONLY</b>         |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |              |                                          |    |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                               |              | \$130.00                                 |    |
| TOTAL SHEETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EXTRA SHEETS | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE         |                                          |    |
| 47 - 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | /50          |                                                                               | X \$250.00   |                                          |    |
| <b>CLAIMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | Number Filed                                                                  | Number Extra | Rate                                     |    |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | - 20 =                                                                        |              | X \$ 50.00                               | \$ |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | - 3 =                                                                         |              | X \$200.00                               | \$ |
| Multiple Dependent Claims (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                               |              | + \$360.00                               | \$ |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                               |              | <b>\$430.00</b>                          |    |
| Reduction of 1/2 for filing by small entity, if applicable. Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                               |              | \$                                       |    |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                               |              | <b>\$430.00</b>                          |    |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                               |              | \$                                       |    |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |              | <b>\$430.00</b>                          |    |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                               |              | \$                                       |    |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                               |              | <b>\$430.00</b>                          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |              | Amount to be:                            | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |              | refunded                                 |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |              | charged                                  | \$ |
| <p>a. <input type="checkbox"/> A check in the amount of \$_____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Credit Card Payment Form (PTO-2038), authorizing payment in the amount of \$430.00, is attached. At this time no authorization is given to charge any additional fees relating to extra claims, etc. However, if a deficiency exists in the basic filing fee, i.e. the fee necessary to prevent abandonment of this application, please charge said deficiency in the filing fee to Deposit Account No. 02-4035.]</p> <p>c. <input type="checkbox"/> Please charge my Deposit Account No. 02-4035 in the amount of \$_____ to cover the above fees.<br/>A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4035. A duplicate copy of this sheet is enclosed.</p> <p><b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p> <p>Direct all correspondence to the address associated with<br/>CUSTOMER NUMBER 001444, which is currently:</p> <p><b>BROWDY AND NEIMARK, P.L.L.C.</b><br/> <b>624 NINTH STREET, N.W., SUITE 300</b><br/> <b>WASHINGTON, D.C. 20001</b><br/> <b>TEL: (202) 628-5197</b><br/> <b>FAX: (202) 737-3528</b><br/>         Date of this submission: <b>January 25, 2005</b></p> <div style="text-align: right; margin-top: 20px;"> <br/>         SIGNATURE<br/>         Sheridan Neimark<br/>         NAME<br/>         20,520<br/>         REGISTRATION NUMBER<br/>         SN:lmh       </div> |              |                                                                               |              |                                          |    |